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A CASE OF PAPULO-ULCERATIVE, FOLLICULAR, HYPHOMYCETIC DISEASE OF THE SKIN; AN UNDESCRIBED DISEASE.

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and

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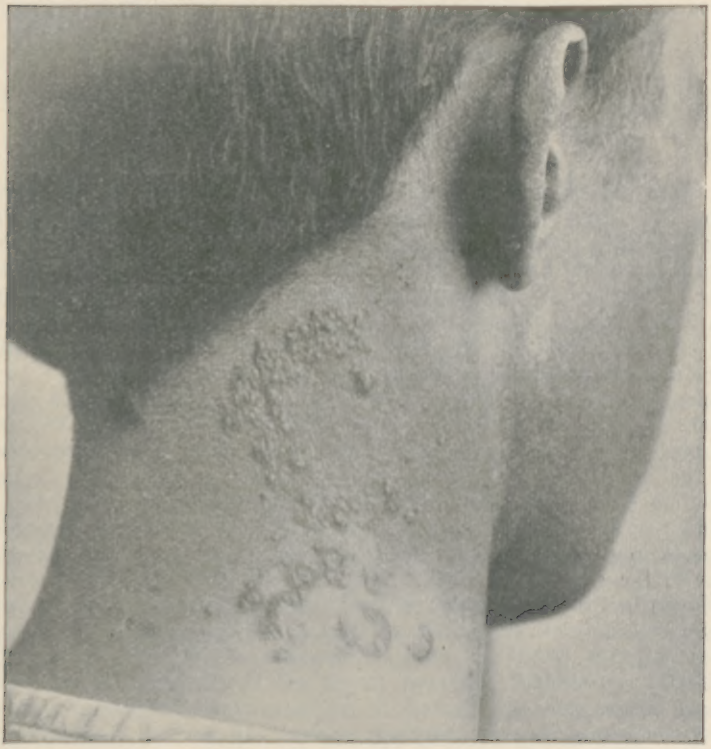
of Philadelphia.

C. S., a lad, aged fifteen years, a mill-hand, applied at the Hospital of the University of Pennsylvania for the relief of a patch of chronically inflamed, papular and papulo-ulcerative, slightly crusted lesions occupying chiefly one side of the neck. The disease had existed three years. The lesions composing the patch, he stated, underwent change from time to time, usually terminating in the course of several months in superficial atrophy of the skin in the form of slight, whitish, pitted, irregularly shaped scars. Itching was not complained of.

Upon inspection the disease was found to be peculiar, and a positive diagnosis could not be made. The patch resembled a mild expression of lupus vulgaris verrucosus more than any other well-known disease, and the indolence and slow course of the lesions followed by scarring helped to favor this view. There was no resemblance to acne, acne-cheloid, sycosis, or tinea sycosis. The regions invaded were the sides of the neck posteriorly, mainly the right side, and to a slight extent the flexor surfaces of the forearm. The patch on the right side of the neck (as shown in the photograph) was of irregular, rounded form, composed of numerous discrete and confluent, firm, irregularly shaped, dull-reddish, chronic papular, papulo-squamous, and papulo-crustaceous lesions. They manifestly represented different stages of the disease. Where several of these lesions were aggregated or confluent small patches were formed. There were some discrete outlying lesions. In several localities a distinct crescentic configuration existed. To the hand the diseased area felt warty and rough, owing to the scales and little crusts on the surface of most of the lesions. Upon removing these, and they existed especially on lesions in an advanced stage, small follicular ulcers were noted. The follicular involvement, however, was not obvious to the unaided eye in all the lesions. That the process was a superficially destructive one was shown not only by the slightly crusted, pit-like excavations, but also by the presence of superficial, whitish, acne-like scars, which, upon the healing of the little ulcers, were left behind. These atrophic spots, varying in size from a pin-head to a small pea, were numerous and conspicuous, though nowhere were they deep. The central portion of the main patch especially showed these superficial scars. It was evident that the disease was extending on the periphery, but not regularly, and that the central portion had partially cleared away with scarring. But the extension was in no sense sharply defined or marginate, as in tinea

circinata; nor was there anywhere any indication of a creeping or serpiginous course. It was, however, suggested that the disease might possibly be due to the growth of some fungus, perhaps the trichophyton, for one of us (Dr. Duhring) had seen a somewhat similar remarkable case many years before, occurring on the hands, which examination showed to be due to the trichophyton.

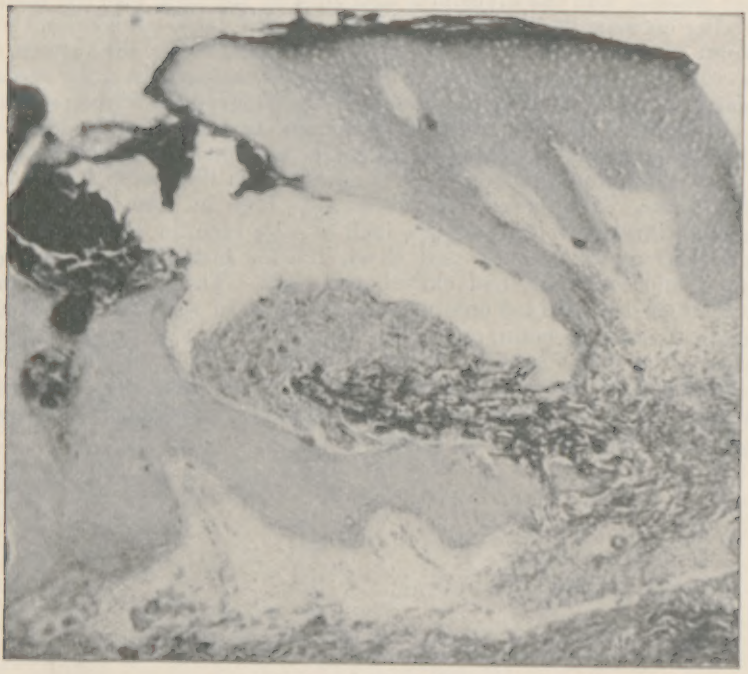
FIG. 1



Showing general character and distribution of lesions.

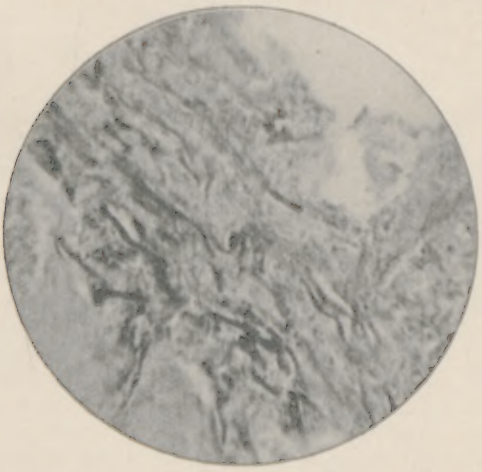
With the aid of cocaine anæsthesia lesions were excised from the patches upon the neck, fixed in alcohol, imbedded in paraffin and cut and mounted serially. Several lesions were thus examined, and the same alterations found in all. The rete mucosum was markedly thickened, the papillary layer was infiltrated with small round cells, and the papillæ were considerably enlarged. At the sides of the papules this enlargement was chiefly longitudinal, but in the centre the papillæ were both longer and broader than normal. Sections which passed through the centre of the lesions showed a large downward prolongation of the rete, which contained a cavity of considerable size, opening upon the surface. This cavity, which occupied the site of a hair-follicle, contained a mass of round cells, granular detritus, altered epithelium, and, what was of

FIG. 2.



Follicle containing cellular débris and fungus (low power).

FIG. 3.



Mycelium at bottom of follicle. (Zeiss, D.D. : no oc.)

most interest, a considerable quantity of mycelium and round and oval spores. The epithelium had disappeared at the bottom of the cavity in some sections, and the mycelium had broken through into the corium, growing between its fibres. In addition to this large cavity there were several smaller ones which did not communicate with the surface, but also contained fungus, together with granular matter. In a few sections isolated mycelial threads were seen growing between the fibrous elements of the corium at some distance from the cavities already described. While this fungus resembled in a general way the trichophyton as seen in tinea tonsurans it differed from it markedly in size, being two or three times larger. The spores were about $\frac{1}{2500}$ inch in diameter, while the mycelial threads were from $\frac{1}{4000}$ inch to $\frac{1}{2000}$ inch in thickness. The mycelium was for the most part short, in a few instances branched and jointed, and commonly had club-shaped ends. The spores were few in number, the oval-shaped ones predominating. In sections stained with hæmatoxylon and eosin, and with Biondi's fluid, the fungus elements were, in the first instance, stained a bright rose-red, in the second, a purplish-red, in marked contrast with the tissue elements; in sections stained with alum-carmine the fungus remained unstained, showing as highly refractile threads and spores.